Los Alamos
National Laboratory

JOB DEMANDS WORKSHEET
(to be completed and signed by supervisor)

/   /

Employee's Name	**Z-Number**	**Organization**	**TA/Bldg./FMU**

Job Title	**Series/Level**	**Date of Hire or Transfer**	**Employee Status:**
			New Hire _____

Supervisor's Name Phone #	**Mail Stop**	**Date/Review by Supervisor**	Transfer _____
			Incumbent _____

Check only boxes that apply to the tasks or job duties of the position. A job demand is considered essential if it applies to tasks or job duties that are basic, necessary, and an integral part of the job and not peripheral, incidental, or a minimal part of the job. Please provide specific information about tasks, hazards, or conditions marked with an asterisk (*) in the space provided in the middle of page 2. Details of job requirements and/or a job description can be attached. If you have questions, contact your HR Generalist.

Essential (E) | **Constantly (C)** | **Frequently (F)** | **Occasionally (O)**

General Work Environment

E	C	F	O		E	C	F	O	
☐	☐	☐	☐	outdoors	☐	☐	☐	☐	in a very hot environment> 100° F
☐	☐	☐	☐	in confined space	☐	☐	☐	☐	in a hot environment 90° - 100° F
☐	☐	☐	☐	at heights	☐	☐	☐	☐	in widely ranging ambient temperatures
☐	☐	☐	☐	underground	☐	☐	☐	☐	in a wet or humid environment
☐	☐	☐	☐	at high or low atmospheric pressure*	☐	☐	☐	☐	in a dry environment
☐	☐	☐	☐	in a cold environment	☐	☐	☐	☐	domestic/foreign travel
☐	☐	☐	☐	working alone	☐	☐	☐	☐	operation of motor vehicles
☐	☐	☐	☐	working overtime or irregular schedule*	☐	☐	☐	☐	operation of specialized heavy equipment
☐	☐	☐	☐	working off-shift/rotating schedule					

Specific Environmental Hazards

E	C	F	O		E	C	F	O	
☐	☐	☐	☐	work in a noisy environment	☐	☐	☐	☐	work near sources of non-ionizing radiation
☐	☐	☐	☐	work under unusual lighting conditions	☐	☐	☐	☐	work with weapons or explosives
☐	☐	☐	☐	work near electrical power supplies	☐	☐	☐	☐	work with vibrating equipment or machinery
☐	☐	☐	☐	work with biologic or infectious agents*	☐	☐	☐	☐	work near machinery with moving parts
☐	☐	☐	☐	work near sources of ionizing radiation					

Vision, Speech, and Hearing

E	C	F	O		E	C	F	O	
					☐	☐	☐	☐	good distance vision
☐	☐	☐	☐	color discrimination	☐	☐	☐	☐	ability to speak
☐	☐	☐	☐	peripheral vision	☐	☐	☐	☐	ability to discriminate speech
☐	☐	☐	☐	depth perception	☐	☐	☐	☐	ability to hear high-pitched sounds
☐	☐	☐	☐	binocular vision	☐	☐	☐	☐	ability to smell
☐	☐	☐	☐	good reading vision	☐	☐	☐	☐	ability to hear

General Physical Mobility

E	C	F	O		E	C	F	O	
☐	☐	☐	☐	sitting	☐	☐	☐	☐	stooping
☐	☐	☐	☐	standing	☐	☐	☐	☐	crouching
☐	☐	☐	☐	walking	☐	☐	☐	☐	kneeling
☐	☐	☐	☐	running	☐	☐	☐	☐	crawling
☐	☐	☐	☐	climbing stairs	☐	☐	☐	☐	twisting the trunk or back
☐	☐	☐	☐	climbing ladders	☐	☐	☐	☐	balancing
☐	☐	☐	☐	bending					

Specific Physical Mobility

E	C	F	O		E	C	F	O	
☐	☐	☐	☐	reaching overhead	☐	☐	☐	☐	pulling with the hands or arms
☐	☐	☐	☐	reaching horizontally	☐	☐	☐	☐	typing or keyboarding
☐	☐	☐	☐	reaching down	☐	☐	☐	☐	fine motor control
☐	☐	☐	☐	gripping with the hands	☐	☐	☐	☐	use of both hands
☐	☐	☐	☐	applying torque with the hands or arms	☐	☐	☐	☐	use of both arms
☐	☐	☐	☐	pressing with the hands or arms	☐	☐	☐	☐	use of both legs
☐	☐	☐	☐	pushing with the hands or arms	☐	☐	☐	☐	use of both feet

Weight Handling Requirements

E	C	F	O		E	C	F	O	
☐	☐	☐	☐	lifting 1-5 pounds	☐	☐	☐	☐	carrying 1-5 pounds
☐	☐	☐	☐	lifting 5-10 pounds	☐	☐	☐	☐	carrying 5-10 pounds
☐	☐	☐	☐	lifting 10-20 pounds	☐	☐	☐	☐	carry 10-20 pounds
☐	☐	☐	☐	lifting 20-30 pounds	☐	☐	☐	☐	carrying 20-30 pounds
☐	☐	☐	☐	lifting 30+ pounds	☐	☐	☐	☐	carrying 30+ pounds
				(indicate maximum weight _____)					(indicate maximum weight _____)

*Chemical Hazards** *(Note: Must confer with Industrial Hygienist if any of these boxes are checked)*

E	C	F	O		E	C	F	O	
☐	☐	☐	☐	toxic chemicals*	☐	☐	☐	☐	sprays, mists, or vapors*
☐	☐	☐	☐	irritant chemicals*	☐	☐	☐	☐	fumes*
☐	☐	☐	☐	dusts or powders*	☐	☐	☐	☐	carcinogens*

Protective Clothing & Equipment

E	C	F	O		E	C	F	O	
☐	☐	☐	☐	headgear or head protection	☐	☐	☐	☐	hearing protection
☐	☐	☐	☐	safety glasses or eye protection	☐	☐	☐	☐	gloves or hand protection
☐	☐	☐	☐	face shield or facial protection	☐	☐	☐	☐	safety shoes or protective footgear
☐	☐	☐	☐	mask or respirator*	☐	☐	☐	☐	protective shielding of body/torso
☐	☐	☐	☐	SCBA*	☐	☐	☐	☐	total environmental isolation garment
☐	☐	☐	☐	level A HAZMAT suit	☐	☐	☐	☐	hood use
☐	☐	☐	☐	level B HAZMAT suit/anti-C					

Comments for items marked with an asterisk (*). Please be specific about tasks and exposures.

Medical Certification Requirements

Some job assignments/tasks require that the employee be medically certified to perform them in a safe and reliable manner. Please check below those categories for which this employee's assignments mandate medical certification prior to performance of assigned tasks:

☐	ARG_TEM	**ARG**	☐	NST_TEM	**NEST**	☐	SEC_CAS	**SECURITY-CAS**
☐	CON_SPC	**CONFINED SPACE (Permit only)**	☐	PAP_PRG	**PAP**	☐	SEC_OFF	**SECURITY-OFFICER**
☐	CRN_OPR	**CRANE OPERATOR**	☐	HRP_EMP	**PSAP**	☐	SEC_INP	**SECURITY-POLICE**
☐	FIR_FGR	**FIREFIGHTER**	☐	QAC_EMP	**QA/QC**	☐	SEC_SWT	**SECURITY-SWAPT**
☐	FOD_HDR	**FOOD HANDLER**	☐	RCT_OPR	**REACTOR OP**	☐	TWR_CLM	**TOWER CLIMBER**
☐	HAZ_DEV	**HAZARD DEVICES**	☐	RES_WKR	**RESPIRATOR**	☐	TRK_DVR	**TRUCK DRIVER DOT**
☐	HAZ_MAT	**HAZMAT/ER**	☐	SBA_USR	**SCBA**	☐	TEC_CME	**TSCM**

Medical Surveillance Requirements

The following regulatory-driven surveillance programs have very specific criteria for enrollment. If you as the cognizant supervisor believe this job assignment presents potential. For exposure to any of the hazards, you must contact the industrial hygienist (IH) assigned to your Facility Management Unit (FMU)— calESH-5 at 5-2977 for the name of your assigned IH. The IH will evaluate the job assignment and workplace for surveillance enrollment criteria to ensure (1) surveillance evaluations are in response to defined worksite exposure risks, and (2) appropriate engineering controls and personal protective equipment are in place when your employee begins work. With the concurrence of your IH, you may check an enrollment category below; your signature and the name of the IH providing consultation must be present for enrollment to proceed

☐	ACR_EXP	**ACRYLONITRILE**	☐	CAD_EXP	**CADMIUM**	☐	LRS_WKR	**LASER**
☐	ALP_NAP	**ALPHA-NAPHTHYLAM**	☐	CAR_WKR	**CARCINOGEN**	☐	LED_EXP	**LEAD**
☐	AML_HDR	**ANIMAL HANDLER**	☐	CHL_PRG	**CHOLINESTERASE**	☐		**METHYLENE CHLORIDE**
☐	AMI_NOD	**4-AMINODIPHNYL**	☐	CHE_LAT	**DTPA USR (CHELAT)**	☐	MET_CHL	**METHYL CHLOROMETH**
☐	ASB_WKR	**ASBESTOS**	☐	DIB_CHL	**1,2DIBROMO-3CHLO**	☐	MET_EXP	**4,4 METHYLENEDIA**
☐	BEN_EXP	**BENZENE**	☐	ETL_OXD	**ETHYLENE OXIDE**	☐	NIT_SOD	**N-NITROSODIMETHYL**
☐	BEN_ZID	**BENZIDINE**	☐	FRM_EXP	**FORMALDDEHYDE**	☐	NUC_FAC	**NON-REAC NUC FAC**
☐	BER_WKR	**BERYLLIUM**	☐	HAZ_CHM	**HAZ CHEM WKR LAB**	☐	SIL_EXP	**SILICON EXPOSED**
☐	BET_NAP	**BETA-NAPHTHYLAM**	☐	HAZ_WKR	**HAZ WASTE WORKER**	☐	THL_WKR	**THALLIUM**
☐	BIO_HAZ	**BIOHAZ/BBP**	☐	HNE_PRG	**HEARING CONSERV**	☐	VCL_EXP	**VINYL CHLORIDE**
☐	BIS_ETH	**BIS (CHLOROMTHYL)**	☐	ARS_EXP	**INORGANIC ARSENC**			
☐		**1,3 - BUTADIENE**						

Industrial Hygenist, Name_____ Supervisor Signature_____